

VZCZCXRO9138

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RUEHPOD RUEHSL RUEHTM RUEHTRO  
DE RUEHBK #1966/01 2230107  
ZNR UUUUU ZZH  
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FM AMEMBASSY BANGKOK  
TO RUEHC/SECSTATE WASHDC IMMEDIATE 7841  
INFO RUEHCHI/AMCONSUL CHIANG MAI 6847  
RUEHBJ/AMEMBASSY BEIJING 7307  
RUEHUL/AMEMBASSY SEOUL 5659  
RUEHKO/AMEMBASSY TOKYO 1789  
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE  
RUCNASE/ASEAN MEMBER COLLECTIVE  
RUEHKT/AMEMBASSY KATHMANDU 7513  
RUEHSV/AMEMBASSY SUVA 0474  
RUEAUSA/DEPT OF HHS WASHINGTON DC  
RUEHPH/CDC ATLANTA GA  
RUEHRC/USDA FAS WASHDC

UNCLAS SECTION 01 OF 02 BANGKOK 001966

SIPDIS  
SENSITIVE

DEPARTMENT FOR OES/IHB:JJONES,CPATTERSON; EAP FOR DHANNEMAN  
DEPT FOR USAID/GBH  
USDA FOR FAS AND APHIS  
HHS FOR CDC  
USCINCPACLO FOR AFRIMS

E.O. 12958: N/A

TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#) [PINR](#) [AMGT](#)

MG, ECON, EAID, WHO, EAGR, ETRD, TH

SUBJECT: H1N1 Vaccine development in Thailand

REF: BANGKOK 01359

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SENSITIVE BUT UNCLASSIFIED

¶1. (SBU) SUMMARY: Thailand's Government Pharmaceutical Organization (GPO) is moving ahead with its program to produce H1N1 vaccines later this year. H1N1 continues to make headline news with the country's first prenatal infection, 81 deaths, over 10,000 cases and as many as 500,000 suspected cases. The Ministry of Public Health (MoPH) has stopped updating H1N1 case data on a daily basis. The MoPH is distributing Tamiflu without charge to reach more of those in need, but many private clinics are not joining in the effort. The U.S. agencies CDC and AFRIMS co-hosted with the MoPH a conference on Zoonotic and Vector-Borne Diseases. END SUMMARY.

#### THAILAND VACCINE PRODUCTION

¶2. (SBU) Thailand is moving ahead with H1N1 nasal vaccine production plans, which could place it as one of the first nations to produce an H1N1 vaccine. The World Health Organization (WHO) granted a sublicense agreement to Thailand's GPO to access Russian technology and use seed virus to produce live attenuated influenza vaccine. Thailand plans to start a phase I-II vaccine trial in early September. The two-part trial will take an estimated 90 days to complete. The first part will assess the safety-tolerability and optimal immune response of the newly manufactured PLAIV candidate strain. The second part will use the suitable dose obtained from part A and study the safety and efficacy of the vaccine. In December GPO plans to submit the vaccine to FDA for final approval after which vaccinations will begin. (Reftel)

¶3. (SBU) There is also a separate initiative from the WHO/GPO live attenuated influenza virus (LAIV) project in which Thailand's biotechnology agency BIOTEC is supporting Dr. Prasert Urworakul of Siriraj Hospital to prepare pandemic influenza vaccine seeds as part of Thailand's self reliance objective. They have succeeded in producing seed viruses but have not yet tested for safety or efficacy. (Note: the WHO/GPO LAIV project uses seed strains from Russia that have already been well tested. End Note.)

## H1N1 MAKES HEADLINE NEWS

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¶4. (U) H1N1 news continues to make headlines. Press news about the decline in tourism has been widely reported and one of the concerns cited is the outbreak of H1N1. The increased risk to pregnant women made front page news in Thailand recently when the country's first confirmed case of pre-natal H1N1 infection was announced. The baby fully recovered but the mother died. Details about the case were sent to the WHO for further examination. In an effort to avoid public frenzy the MoPH, which publicizes the number of confirmed cases, has announced it will only release information on confirmed cases once a week instead of daily. To date there have been 10,045 confirmed infections and 81 deaths, although MoPH estimates that over 500,000 may have contracted H1N1 in Thailand. (Note: Thailand's reported data indicate a disease spread greater than in neighboring countries, but it is not clear whether that results from a larger epidemic, or from a more well-developed reporting system.)

¶5. (U) MoPH officials have announced that the rate of transmission is declining though they note that the data is showing more cases in rural areas and fewer in Bangkok. Over 60 percent of deaths have been from patients that suffered from underlying issues such as heart, liver and lung diseases; many of the people who have died were also late in seeking medical treatment. Health volunteers are visiting households across the country to educate families about the disease and ways to protect themselves from being infected.

¶6. (U) The MoPH is providing state and private clinics with free anti-viral Oseltamivir phosphate (the generic form of Tamiflu) to give to flu patients. The Government Pharmaceutical Organization (GPO), which manufactures Tamiflu, has enough to treat 10 percent of the population. GPO is currently producing 20 million tablets and will import raw materials to produce 40 million more. The GPO

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produces Tamiflu at a cost of approximately \$0.75 per tablet. The MoPH hopes that the free distribution of antiviral drug will prevent delayed treatment of patients with severe flu cases. Clinics will receive 50 tablets of Tamiflu, enough to treat five people. Only doctors at clinics will be allowed to prescribe the antiviral drug and all patients treated with Tamiflu must be closely monitored. The Ministry of Public Health has so far found that few clinics nationwide have agreed to participate in this free distribution because they do not want to shoulder the burden of monitoring. In particular, specialized clinics providing medical care for pregnancy and chronic diseases are not participating in this project for fear that their patients, who are in high-risk categories, may contract the virus from flu patients who would come to the clinic for the free antiviral drugs.

## U.S. AND THAI ZOO NOTIC AND VECTOR-BORNE DISEASES

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¶7. (SBU) The Armed Forces Research Institute of Medical Sciences (AFRIMS) and U.S. Centers for Disease Control and Prevention (CDC) held the first scientific conference on "Zoonotic and Vector-Borne Diseases" on June 25-26, 2009 in Bangkok, Thailand. Ambassador John presided over the opening ceremony. Partnering for this seminal event on Zoonotic and Vector-Borne Diseases were Major General Krisada, Director General, AFRIMS; COL James W. Boles, Commander US-AFRIMS; Dr. Michael Malison, Director, Thailand MOPH - U.S. CDC Collaboration (TUC) and US CDC Regional Office in Thailand; and Dr. Susan Maloney, Director International Emerging Infections Program (IEIP) and Global Disease Detection (GDD) Center, TUC, US CDC Regional Office.

¶8. (SBU) Initial reviews of the conference were positive. Approximately 170 public health scientists from Thailand and the Asia-Pacific region joined this inaugural scientific conference to share scientific information on emerging and reemerging infectious diseases which currently pose public health threats to the region. In addition to updating their knowledge on regionally important diseases such as dengue, influenza, malaria, and chikungunya, participants also learned about national and regional partners and activities, and discussed ways to foster research collaborations and

programmatic networking.

¶9. (U) AFRIMS in Bangkok is producing a bimonthly report on influenza surveillance. It contains summarized influenza testing results from samples collected in the region. The information is sent to stakeholders within South and Southeast Asia region that work on influenza in order to highlight global influenza activity.

PRESS BRIEFING ON H1N1

¶10. (SBU) On July 22 the Ministry of Public Health held a Press Briefing on H1N1 status update. Dr. Michael Malison, the Director of TUC and the CDC Regional Office in Thailand, updated the media on current H1N1 status in the United States. Dr. Malison also took the opportunity to commend the Ministry of Public Health on their efforts to contain the outbreak, reduce transmission and minimize mortality in high risk groups. Thailand has proven itself as a leader on H1N1 vaccine development. Experts agreed that Thailand will become a regional vaccine production center in the near future.

¶11. (U) POC is regional/bilateral ESTH officer Hal Howard, howardhh@state.gov.

COMMENT:

¶12. (SBU) While Thailand is expected to become an important regional vaccine production center in the future, Post believes that the timeline Thailand's health officials are asserting is overly ambitious.

JOHN